

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 5
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Association for Gun Rights Inc PAC		FEC IDENTIFICATION NUMBER ▼ C C00481200	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on	
		MM / DD / YYYY 07 / 28 / 2016	

Full Name of Payee CDR COMMUNICATIONS, INC.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016	
Mailing Address 9310B OLD KEENE MILL RD.		Amount 3934.00	
City BURKE	State VA	Zip Code 22015-4281	Transaction ID : SE24.90223
Purpose of Expenditure TELEVISION ADVERTISING	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 26 / 2016	
Name of Federal Candidate JOHN S MCCAIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		74044.74	

Full Name of Payee COX MEDIA		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 03 / 2016	
Mailing Address FILE 50470		Amount 20334.00	
City LOS ANGELES	State CA	Zip Code 90074	Transaction ID : SE24.90222
Purpose of Expenditure TELEVISION ADVERTISING	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2016	
Name of Federal Candidate JOHN S MCCAIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		74044.74	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	24268.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Barry Walter Jr.

[Electronically Filed]

Date

MM / DD / YYYY
08 / 19 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 5
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NAME OF COMMITTEE (In Full) National Association for Gun Rights Inc PAC		FEC IDENTIFICATION NUMBER ▼ C C00481200	
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		M M / D D / Y Y Y Y Y Y 07 / 28 / 2016	

Full Name of Payee KZAZ-TV		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 03 / 2016	
Mailing Address 511 WEST ADAMS ST		Amount 12813.75	
City PHOENIX	State AZ	Zip Code 85003	Transaction ID : SE24.90221
Purpose of Expenditure TELEVISION ADVERTISING		Category/Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 26 / 2016
Name of Federal Candidate JOHN S MCCAIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		74044.74	

Full Name of Payee THE PRINTING EXPRESS		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 07 / 28 / 2016	
Mailing Address 21 WAREHOUSE RD		Amount 14297.16	
City HARRISONBURG	State VA	Zip Code 22801-9704	Transaction ID : SE24.90219
Purpose of Expenditure POSTAGE		Category/Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 25 / 2016
Name of Federal Candidate JOHN S MCCAIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		74044.74	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	27110.91
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Barry Walter Jr.

[Electronically Filed]

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NAME OF COMMITTEE (In Full) National Association for Gun Rights Inc PAC		FEC IDENTIFICATION NUMBER ▼ C C00481200	
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		M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2016	

Full Name of Payee THE PRINTING EXPRESS		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2016	
Mailing Address 21 WAREHOUSE RD		Amount 5769.26	
City HARRISONBURG	State VA	Zip Code 22801-9704	Transaction ID : SE24.90220
Purpose of Expenditure PRINTING	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2016	
Name of Federal Candidate JOHN S MCCAIN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		74044.74	

Full Name of Payee THE PRINTING EXPRESS		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2016	
Mailing Address 21 WAREHOUSE RD		Amount 11999.88	
City HARRISONBURG	State VA	Zip Code 22801-9704	Transaction ID : SE24.90224
Purpose of Expenditure POSTAGE	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2016	
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		74044.74	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17769.14
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Barry Walter Jr.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
08 / 19 / 2016

Signature

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Form/Schedule: SE
Transaction ID : SE24.90224

Report amended to correct final payment amount. The previous amendment incorrectly allocated the costs between printing and postage, resulting in a double-counting of certain amounts paid.

Form/Schedule:
Transaction ID:

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		M M M / D D D / Y Y Y Y Y Y 07 / 28 / 2016	

Full Name of Payee THE PRINTING EXPRESS		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 01 / 2016	
Mailing Address 21 WAREHOUSE RD		Amount 4896.69	
City HARRISONBURG	State VA	Zip Code 22801-9704	Transaction ID : SE24.90225
Purpose of Expenditure PRINTING	Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 07 / 26 / 2016	
Name of Federal Candidate KELLI WARD		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
		74044.74	

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4896.69
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	74044.74

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Barry Walter Jr.

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Date

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